

CLAIMS ONLY						Application Number 09499525	Filing Date					
						Applicant(s) Shaylor						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1		1		1		51					
2		1		1		1	52					
3		1			1		53					
4		1				1	54					
5		1				1	55					
6		1				1	56					
7		1				1	57					
8		1				1	58					
9		1				1	59					
10		1				1	60					
11	1		1		1		61					
12		1		1		1	62					
13		1		1		1	63					
14		1		1		1	64					
15		1		1		1	65					
16		1		1		1	66					
17				1		1	67					
18					1		68					
19					1		69					
20						1	70					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2		2		3		Total Indep					
Total Depend	14	←	10	←	16	←	Total Depend	←	←	←		
Total Claims	16		12		19		Total Claims					